

Hawaii Employer-Union Health Benefits Trust Fund (EUTF) ADDRESS CHANGE FORM FOR RETIREES Customer Service Phone: 586-7390 or toll free 1-800-295-0089			1. Effective Date of Change:
See Instructions on reverse side BEFORE completing this form.			
2. Retiree's Last Name, First, M.I.:		3. HB # or SSN:	4. DOB (mm/dd/yyyy)
5. Residence Address:		6. Mailing Address (please complete even if same as Residence Address):	
7. City:	8. State:	9. Zip Code:	10. Phone Number(s): Home: Mobile: Email Address:
<p>EUTF Rules State:</p> <p style="text-align: center;">4.06 Notification of Changes in Personal Information</p> <p>Each employee-beneficiary shall immediately notify the Fund in writing of any changes in the employee-beneficiary's name or address or marital or domestic partnership status, of the birth of adoption of a child or any other changes in the family status of the employee-beneficiary, and any other material changes in the information previously filed by the employee-beneficiary as part of an enrollment application. Each notice to the Fund shall be submitted through the employee-beneficiary's employer or, if none, shall be submitted directly to the Fund.</p>			
<p>11. Certification</p> <p>I certify that I am the person listed on this form and that my signature authorizes the EUTF to update my address as indicated above. This address change supersedes all previously submitted address changes.</p> <p>Retiree's Signature: _____</p> <p>Date: _____</p>			

Fax to: 808-586-2161, **Email** to: eutf@hawaii.gov, **Mail** to: EUTF, P.O. Box 2121, Honolulu, HI 96805-2121 OR **Deliver** to: City Financial Tower, 201 Merchant Street, Suite 1520.

This form is for address changes only. Any enrollment changes such as adding or deleting dependents must be reported on Form EC-2/EC-2H (for HSTA VB members only) which is available on our website www.eutf.hawaii.gov. Enrollment changes can only be made during an open enrollment period or if you have a qualifying event during the plan year.

IMPORTANT INFORMATION FOR RETIREES

INSTRUCTIONS FOR ADDRESS CHANGES FOR RETIREES

1. If you have moved or have changed your address, you **must** notify us in writing by using the Address Change Form for Retirees. Or, you may send us a letter including the same information as Sections # 1-10 on the form.
2. Complete Sections #1-10: Retiree's Name, HB# or SSN, Address, City, State, Zip Code, Birth Date and Phone number(s) and Email Address.
3. Certify the form by signing and dating Section #11 at the bottom.
4. Fax, email, mail or deliver completed form to:

Fax: 808-586-2161

Email: eutf@hawaii.gov

Mail:

EUTF

P.O. Box 2121

Honolulu, HI 96805-2121

Deliver:

EUTF

City Financial Tower

201 Merchant Street, Suite 1520